

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565989

FILING DATE

20 MAY 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4		/	/			
5	X		/			
6	8		/			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	9	←	6	←		←
TOTAL CLAIMS	10		7			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						